



ENTERPRISE ZONE APPLICATION

Application for Enterprise Zone Tax Incentives between the _____
(local legislative authority) located in the county of _____ and
_____ (enterprise).

1. Name of business, home or main office address, contact person and telephone number
(attach additional pages if multiple enterprise participants).

Enterprise name

Contact person

Address

Telephone Number

City, State, Zip

Project site

Contact person

Address

Telephone number

City, State, Zip

- 2.a. Nature of business (manufacturing, distribution, wholesale or other).

- 2.b. List primary four digit Standard Industrial Code (SIC) # _____

Business may list other relevant SIC numbers. _____

- 2.c. If a consolidation, what are the components of the consolidation (must itemize the location, assets, and employment positions to be transferred)?

- 2.d. Form of business of enterprise (corporation, partnership, proprietorship, or other).

3. Name of principal owner(s) or officers of the business (attach list if necessary).

4. Is business seasonal in nature? Yes _____ No _____

- 5.a. State the enterprise's current employment level at the proposed project site.

- 5.b. Will the project involve the relocation of employment positions or assets from one Ohio location to another? A waiver from the Director of the Ohio Department of Development is available for special limited circumstances. The business and location jurisdiction should contact ODOD early in the discussions.

Yes _____ No _____

- 5.c. If yes, state the locations from which employment positions or assets will be relocated and the location to where the employment positions or assets will be located and the location to where the employment positions or assets will be located:

- 5.d. State the enterprise's current employment level in Ohio (itemized for full and part-time and permanent and temporary employees):

- 5.e. State the enterprise's current employment level for each facility to be affected by the relocation of employment positions or assets: _____

- 5.f. What is the projected impact of the relocation, detailing the number and type of employees and/or assets to be relocated? _____

- 6a. Has the Enterprise previously entered into an Enterprise Zone Agreement with the local legislative authorities at any size where the employment or assets will be relocated as a result of the proposal? Yes _____ No _____
- 6b. If yes, list the local legislative authorities, date and term of the incentives for each Enterprise Zone Agreement:

7. Does the Enterprise owe:
- a. Any delinquent taxes to the State of Ohio or a political subdivision of the state? _____ Yes _____ No
 - b. Any moneys to the State or a state agency for the administration or enforcement of any environment laws of the state? _____ Yes _____ No
 - c. Any other moneys to the state, a state agency or a political subdivision of the state that are past due, whether the amounts owed are being contested in a court of law or not. _____ Yes _____ No
 - d. If yes to any of the above, please provide details of each instance including but not limited to the location, amounts and/or case identification numbers (add additional sheets if necessary).

8. Project Description (attach additional pages if necessary): _____

9. Project will begin _____, 19____ and be completed _____, 19____ provided a tax exemption is provided.
- 10.a. Estimate the number of new employees the business intends to hire at the facility that is the project site (job creation projection must be itemized by full and part-time and permanent and temporary): _____

- 10.b. State the time frame of this projected hiring: _____ years.
- 10.c. State proposed schedule for hiring (itemize by full and part-time and permanent and temporary employees): _____

- 11.a. Estimate the amount of annual payroll such new employees will add \$ _____ (new annual payroll must be itemized by full and part-time and permanent and temporary new employees). _____

- 11.b. Indicate separately the amount of existing annual payroll relating to any job retention claim resulting from the project: \$ _____
12. Market Value of the existing facility as determined for local property taxation.
\$ _____
- 13.a. Business' total current investment in the facility as of the proposal's submission.
\$ _____
- 13.b. State the business' value of on-site inventory required to be listed in the personal property tax return of the enterprise in the return for the tax year (stated in average \$ value per most recent 12 month period) in which the agreement is entered into (baseline inventory):
\$ _____

14. An estimate of the amount to be invested by the enterprise to establish, expand, renovate or occupy a facility.

A.	Acquisition of Buildings	\$ _____
<i>Real Property</i>		
B.	Additions/New Construction	\$ _____
C.	Improvements to existing buildings	\$ _____
<i>Personal Property</i>		
D.	Machinery & Equipment	\$ _____
E.	Furniture & Fixtures	\$ _____
F.	Inventory	\$ _____
Total New Project Investment		\$ _____

- 15.a. Business requests the following tax exemption incentives: _____% for _____ years covering \$ _____ of real property improvements and investments as described above. Be specific as to type of assets, rate and term.

- 15.b. Business' reasons for requesting tax incentives (be quantitatively specific as possible)

Submission of this application expressly authorizes (name of the local jurisdiction) and/or (name of county) to contact the Ohio Environmental Protection Agency to confirm statements contained within this application including item #7 and to review applicable confidential records. As part of this application, the business may also be required to directly request from the Ohio Department of Taxation or complete a waiver form allowing the Ohio Department of Taxation to release specific tax records to the local jurisdictions considering the incentive request.

Applicant agrees to supply additional information upon request.

The applicant affirmatively covenants that the information contained in and submitted with this application is complete and correct and is aware of the ORC

Sections 9.66(C)(1) penalties for falsification which could result in the forfeiture of all current and future economic development assistance benefit as well as a fine of not more than \$1,000 and/or a term of imprisonment of not more than six months.

The applicant believes that the information contain in and submitted with the application is complete and correct.

_____ Name of CRA	_____ Date
_____ Signature	_____ Typed Name & Title

PROJECT COMPLETION SCHEDULE

Indicate **pre-project** values under "Current" column and value of increases or improvements over each previous year for columns "one" through "Five" as appropriate. Add more years if needed.

		December 31, Project Year:				
	Current 20__	One 20__	Two 20__	Three 20__	Four 20__	Five 20__
Real Property						
Personal Property						
Monthly Avg. Inventory						
Employment						
Payroll						

* Documentation of viable business entity: Attach three years of financial statements of the company.

❖ **Submit application to:**
Director of Economic & Community Development
Franklin County Board of Commissioners
373 South High Street, 25th Floor
Columbus, OH 43215

Enterprise Zone Application